

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 11/14/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445264	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING		(X3) DATE SURVEY COMPLETED 11/06/2016
NAME OF PROVIDER OR SUPPLIER LAUGHLIN HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 801 E MCKEE ST GREENEVILLE, TN 37743		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	INITIAL COMMENTS A Life Safety Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health Care Facilities survey on 11/6/2016. During this Life Safety Survey, Laughlin Healthcare was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety from Fire, and the related National Fire Protection Association (NFPA) standard 101 - 2012 edition. The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidenced by: NFPA 101 Hazardous Areas - Enclosure	K 000	Laughlin Healthcare Center acknowledges that during a Life Safety Survey conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health Care Facilities survey on 11/6/2016, Laughlin Healthcare was found not in substantial compliance with the requirements for participation in Medicare/Medicaid as 42 CFR Subpart 483.70(a), Life Safety from Fire, and the related National Fire Protection Association (NFPA) standard 101 - 2012 edition. The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidenced by:		
K 321 SS=D	Hazardous Areas - Enclosure 2012 EXISTING Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4-hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1 Area Automatic Sprinkler Seperation N/A a. Boiler and Fuel-Fired Heater Rooms	K 321	NFPA 101 K 321 HAZARDOUS AREAS-ENCLOSURE REQUIREMENT: Hazardous Areas - Enclosure 2012 EXISTING Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4-hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1 Area Automatic Sprinkler Seperation N/A a. Boiler and Fuel-Fired Heater Rooms Continued to page 2 of 6		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 321	Continued From page 1 b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K3220) This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain hazardous area's rated assemblies. This deficiency affects one smoke compartment. The findings include: Observation and interview with the maintenance director on 11/6/16 at 3:15 PM revealed the mechanical room #3 had an unsealed penetration in the rated wall. 2012 NFPA 101 19.7.6, 4.6.12.1, 8.3.5 The maintenance director was present when the deficiencies were identified and was acknowledged by the Administrator during the exit conference on 11/6/2016.	K 321	Continued from page 1 of 6 b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard-see K3220) POC: 1. No residents were found to have been affected by the deficient practice but has the potential to be affected. 2. All residents have the potential to be affected y the deficient practice. The unsealed penetration in the rated wall in mechanical room #3 was repaired on November 14, 2016. 3. Further education of in-house Maintenance staff and outside contractors will be made to ensure that the deficient practice does not recur. 4. Any new construction will be monitored by Director of Facilities of the Hospital or the designee to ensure the deficient practice will not recur. November 15, 2016		
K 324 SS=F	NFPA 101 Cooking Facilities Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited	K 324	NFPA 101 K 324 COOKING FACILITIES REQUIREMENT: Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: *Residential cooking equipment (i.e., small appliances such as microwaves, hot Continue to page 3 of 6		

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K 324	<p>Continued From page 2</p> <p>cooking in accordance with 18.3.2.5.2, 19.3.2.5.2</p> <p>* cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or</p> <p>* cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4.</p> <p>Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor.</p> <p>18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure dietary staff was familiar with the hood suppression system operation. All 90 residents were affected by this deficiency.</p> <p>The finding includes:</p> <p>Observation and interview with the dietary supervisor on 11/6/16 at 10:21 AM revealed two of two dietary staff were unfamiliar with the kitchen hood suppression system and components. Neither was aware that the manual pull station was needed to be activated when given a fire scenario.</p> <p>NFPA 96, 10.5.7</p> <p>The dietary supervisor was present when deficiency was identified and was acknowledged by the administrator during the exit conference on 11/6/16.</p>	K 324	<p>Continued from page 2 of 6</p> <p>plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2</p> <p>*cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or</p> <p>*cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4.</p> <p>Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor.</p> <p>18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2</p> <p>POC:</p> <ol style="list-style-type: none"> 1. All 90 residents were affected by the deficient practice. All Dietary staff were in-serviced on 11/07/16 to be familiar with the hood suppression system operation. 2. All 90 residents had the potential to be affected by the deficient practice. All Dietary staff were in-serviced on 11/07/16 to be familiar with the hood suppression system operation. 3. All new Dietary employees will be in-serviced and all Dietary staff will be in-serviced annually on the hood suppression system operation to ensure the deficient practice does not recur. 4. The in-services for new staff and annual in-services will be monitored by the Dietary Director and or designee to ensure the deficient practice will not recur. <p>November 30, 2016</p>		

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K 353 SS=D	<p>NFPA 101 Sprinkler System - Maintenance and Testing</p> <p>Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure the automatic fire sprinkler system heads were unobstructed. This deficiency affects one of six smoke compartments.</p> <p>The finding includes:</p> <p>Observation and interview with the maintenance director on 11/6/16 at 10:21 AM revealed one of two sprinkler heads in the freezer was obstructed by being installed close to housing. NFPA 13, 8.5.5</p> <p>The dietary supervisor and maintenance director was present when deficiency was identified and was acknowledged by the administrator during</p>	K 353	<p>NFPA 101 K 353 SPRINKLER SYSTEM - MAINTENANCE AND TESTING</p> <p>REQUIREMENT: Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. POC:</p> <ol style="list-style-type: none"> 1. No residents were affected by the deficient practice. 2. All residents have the potential to be affected by the deficient practice. The automatic sprinkler head in the freezer obstructed by being installed close to housing will be relocated by outside contractors on November 30, 2016. 3. All future installations of automatic sprinkler heads will be monitored to ensure the deficient practice does not recur. 4. Any new installation of automatic sprinkler heads will be monitored by the Director of Facilities of the Hospital or designee to ensure the deficient practice does not recur. <p>December 2, 2016</p>		

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K 353	Continued From page 4 the exit conference on 11/6/16.	K 353			
K 372 SS=F	<p>NFPA 101 Subdivision of Building Spaces - Smoke Barrie</p> <p>Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain fire/smoke assemblies. The construction type is V-A (protected), and the ceiling is rated throughout the facility. This deficiency affects all 90 residents.</p> <p>The findings include:</p> <p>Observation and interview with the maintenance director on 11/6/16 at 12:44 AM and 3:15 PM revealed the ceilings throughout the facility had unsealed or improperly sealed penetrations where the sprinkler pipe passes through. 2012 NFPA 101 19.7.6, 4.6.1.2, 8.3.5</p> <p>The maintenance director was present when the deficiencies were identified and was acknowledged by the Administrator during the exit conference on 11/6/2016.</p>	K 372	<p>NFPA 101 K 372 SUBDIVISION OF BUILDING SPACES - SMOKE BARRIER REQUIREMENT: Subdivision of Building Spaces- Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2- hour fire resistant rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. POC:</p> <ol style="list-style-type: none"> 1. All 90 residents were affected by the deficient practice. Outside contractors will properly seal the penetrations in the ceilings throughout the facility that were unsealed or improperly sealed where the sprinkler pipe passes through. 2. All 90 residents had the potential to be affected by the deficient practice. Outside contractors will properly seal the penetrations in the ceilings throughout the facility that were unsealed or improperly sealed where the sprinkler pipe passes through. 3. All future installations of sprinklers will be monitored to ensure the sprinkler passes through the ceilings with proper seals throughout the facility, to ensure <p>Continued on page 6 of 6</p>		

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			Continued from page 5 of 6 the deficient practice does not recur. 4. Any new installation of automatic sprinkler heads will be monitored by the Director of Facilities of the Hospital or the designee to ensure the deficient practice will not recur. December 16, 2016	